

SEMINOLE NATION FOOD & NUTRITION SERVICES PROGRAM

DOCUMENTATION LIST FOR APPLICATION

___ Check if you live in Seminole County Area

- **Provide Current Proof of Address:** Check and provide a copy of any of the following bills:
___ Electric ___ Gas ___ Water ___ Cable ___ Phone Bill

***Note: Utility bills need to be in applicant's name. If not, you will need statement from the person whose name is on the utility bill stating why the bill is in their name**

- **Provide a Copy of the following:**

___ Federally Recognized Tribal Membership Card

- **Proof of Income/Expenses:** Check and provide copies of any/all of the information below that applies to your household:

___ Monthly Check Stub (most current)

___ Bi –Weekly - Last 2 pay stubs

___ Weekly – Last 4 pay stubs

___ Social Security (SS) - Copy of Award Letter

___ Supplemental Security Income (SSI) - Copy of Award Letter

___ Veteran's Benefit Letter

___ DHS – Copy of either Aid to Disabled or TANF

___ Oil Royalty – Copy of Check or Letter

___ Workman's Comp - Copy of Check with gross amount shown or Letter

___ Unemployment – Copy of Check w/gross amount shown or Letter from the Unemployment Office on Benefits

___ Retirement or Pension – Copy of Check with gross amount shown or Letter

___ Child Support Received – Copy of Letter from Department Human Services (DHS) showing how much you receive for Child Support or Copy of check received for child support

___ Child Support Paid - Copy of Court Order to verify the legal-obligation to pay child support and the amount to be paid plus proof from payee and/or letter from Department Human Services (DHS) to verify amount of child support actually paid

___ Proof of Dependent Care – Check either one below

___ Receipt or Statement from Provider ___ Copy of Check

___ Any other Income Received, such as self-employment income from ranching; owning business; rental property; odd jobs; etc.

___ Excess Medical Expense(s) Deduction - Defined as that portion of monthly medical expenses in excess of \$35.00, incurred by any household member who is elderly (60 years of age or older) or disabled. To verify payment, elderly/disabled household member(s) must provide paid receipts, canceled checks, money order receipts, and/or other verification showing payment of allowable medical expenses.

- _____ Standard Shelter/Utility Expense Deduction – In order to qualify for this deduction, household must incur on a monthly basis at least one allowable shelter/utility expenses. To verify payment, household must provide paid receipt, canceled check, money order receipt, and/or other verification showing payment.
- _____ Anyone who is over 18 and unemployed is required to bring a third party statement from a friend or neighbor not a relative.
- _____ Zero Income Form - If not working and/or no income received by household, complete this form.
- _____ Copy of Guardianship/or Custody Documents

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.